MEDICAL POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Peripheral Nerve Blocks - OH MCD - MM-1230	10/01/2022-05/31/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject

Peripheral Nerve Blocks

B. Background

Peripheral nerve blocks are injections of medication into a specific area of the body where nerves cause pain to a specific organ or body region. Nerve blocks cause the temporary interruption of conduction of impulses in peripheral nerves or nerve trunks and may or may not contain a steroid, which can be used to treat pain in different areas of the body. Various areas of pain require different types of nerve blocks that can be administered in numerous parts of the body, with some of the most common blocks including sympathetic, peripheral, and occipital blocks.

Sacroiliac and facet joint interventions, epidural steroid injections, and trigger point injections are addressed in other policies.

C. Definitions

- **Acute Pain** – Pain lasting four (4) weeks or less.
- **Ambulatory Surgery** – Surgery performed in a hospital-based or freestanding ambulatory surgery center (ASC) with patient discharge the same day.
- **Chronic Pain** – A distressing feeling often caused by intense or damaging stimuli (pain) lasting more than three (3) months, which is considered beyond normal healing time.
- **Conservative Therapy** - A multimodality plan of care for treating pain non-surgically, including active and inactive conservative therapies.
    - **Active Conservative Therapies** – A type of action or activity to strengthen supporting muscle groups and target key spinal structures, including physical therapy, occupational therapy, a physician-supervised home exercise program (HEP), and/or chiropractic care.
    - **Inactive Conservative Therapies** – Lack of activity on behalf of the patient that aids in treating symptoms associated with pain, but not necessarily the underlying source, including rest, ice, heat, medical devices, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and/or prescription medications.
- **Emergent** – Medically necessary care, which is immediately needed to preserve life, prevent serious impairment to bodily functions, organs, or parts, or prevent placing the physical or mental health of a patient in serious jeopardy.
- **Low-Risk Procedure** – Procedures associated with minimal physiologic effect and excludes any intrathoracic, intra-abdominal, vascular, or orthopedic procedures.
- **Nerve Block** – Procedures, often injections of medications, that numb a nerve area or relieve inflammation in particular parts of the body, thereby preventing, managing or eliminating feeling to those areas. Also called a neural blockade.
- **Peripheral Nerve Block** – Administration of pain-relieving medication near a nerve located outside the central nervous system.
- **Sub-Acute Pain** – Pain lasting between four (4) and twelve (12) weeks.

D. Policy

I. CareSource considers peripheral nerve blocks, single injection, medically necessary when appropriate documentation for the treatment of acute pain or chronic pain are included, only as part of an active component of a comprehensive pain management program. CareSource uses MCG Health guidelines to address criteria for specific nerve blocks. Documentation must include indications that **ALL** of the following criteria are met:

A. Ambulatory or outpatient procedure that is not emergent, is low risk, and requires no inpatient care for a preoperative disease or condition (e.g., altered mental status, hypotension, hypoxemia, tachycardia)

B. Acute, sub-acute or chronic, neuropathic or radicular pain, as indicated by **1 or more** of the following:

1. Cancer-related pain
2. Complex regional pain syndrome (CRPS)
3. Peripheral neuropathy with pain that limits activities of daily living, excluding diabetic neuropathy
4. Peripheral vascular disease with rest pain
5. Acute herpes zoster of face or neck and prevention of postherpetic neuralgia
6. Pancreatic pain, pelvic pain, or abdominal pain related to malignancy
7. Chronic, relapsing pancreatitis

C. Symptoms poorly controlled by maximum medical therapy or intolerable side effects to such therapy

D. Failure of non-invasive treatment(s) (e.g., non-steroidal anti-inflammatory drugs (NSAIDs), exercise, physical therapy, spinal manipulation therapy)

E. No coagulopathy or thrombocytopenia

F. No infection at or underlying the injection site.

II. Acute or Sub-Acute Pain

Peripheral nerve blocks may provide means of analgesia for acute pain in the following (not an all-inclusive list):

A. Patients at risk of respiratory depression related to systemic or neuraxial opioids (e.g., obstructive sleep apnea, severe obesity, underlying pulmonary disease, advanced age).

B. Patients with another indication to minimize opioid use (e.g., chronic opioid use, intolerance to opioids).

C. Patients with acute, severe pain, poorly managed with systemic medication.

D. Patients who cannot tolerate chiropractic or other physical and/or manipulative therapies.

III. Chronic Pain

CareSource considers peripheral nerve blocks, single injection, medically necessary when appropriate documentation for the treatment of chronic pain are included, only as part of an active component of a comprehensive pain management program when **ALL** the following criteria are met:

A. Have undergone and failed a minimum six months of conservative therapy, including:

1. Active conservative therapy as part of a multimodality comprehensive approach and is addressed in the patient's care plan with documentation in the medical record that includes **one** of the following:
   A. The patient has received active conservative therapy for six (6) months or more within the past twelve (12) months, including at least **one** of the following:
      01. Physical therapy
      02. Occupational therapy
      03. A physician supervised home exercise program (HEP), including the following two requirements:
         i. An exercise prescription and/or plan documented in the medical record
         ii. A follow up documented in the medical record regarding completion of an HEP after suitable six (6) week period or inability to complete a HEP due to a stated physical reason, i.e., increased pain, inability to physically perform exercises. Patient inconvenience or noncompliance without explanation does not constitute "inability to complete."
      04. Chiropractic care
   B. **OR**, the medical record documents at least **one** of the following exceptions to the six (6) months active conservative therapy requirement in the past twelve (12) months:
      01. Moderate pain with significant functional loss at work or home
      02. Severe pain unresponsive to outpatient medical management
      03. Inability to tolerate non-surgical, non-injection care due to co-existing medical condition(s)
      04. Prior successful injections for same specific condition with relief of at least three (3) months duration
2. Inactive conservative therapy as part of a multimodality comprehensive approach is addressed in the patient's care plan with documentation in the medical record lasting for six (6) months or more within the past twelve (12) months, including at least **one** of the following:
   a. Rest
   b. Ice
   c. Heat
   d. Medical device
   e. Acupuncture
   f. Transcutaneous Electrical Nerve Stimulation (TENS) unit - the frequency and duration of use with dates must be documented in the medical record. General statements in the medical record (e.g., "Patient has a TENS unit.") do not document use and will not suffice to meet this policy criterion.
   g. Pain medications, prescription or over the counter, such as non-steroidal anti-inflammatory drugs (NSAIDS) or acetaminophen. Opioid narcotics are not required, necessary, or recommended to meet pain medication criteria.

B. There is insufficient evidence to support the use of peripheral nerve blocks for the following for treatment of **chronic** pain, or pain lasting more than three (3) months:

a. Genicular nerve or branches for chronic knee pain
b. Cluneal nerve injections or blocks for chronic low back pain
c. Pudendal blocks for chronic pelvic pain conditions.

IV. Radiofrequency Ablation (RFA) or Neurotomy

Conventional, cooled, and pulsed peripheral RFA are considered experimental and investigational due to insufficient evidence of efficacy in the peer reviewed literature.

V. Limitations and Exclusions

Peripheral nerve blocks are not covered for any of the following for chronic or acute pain:

A. The maximum number of peripheral nerve blocks a member can receive in a rolling twelve (12) months is a total of six (6).
B. More than 2 anatomic sites (e.g., specific nerve, plexus, or branch as defined by CPT code description) are injected at any one session.
C. Treatment of peripheral neuropathy due to diabetes.
D. Use of nerve blocks with or without use of electrostimulation for treatment of multiple neuropathies or peripheral neuropathies caused by underlying systemic diseases. Medical management using systemic medications is clinically indicated for the treatment of these conditions.
E. Nerve blocks used as part of a surgical procedure or other medical procedure are not separately reimbursable but an inclusive component of that procedure. These injections will not be compensated separately or unbundled for coverage.
F. Any procedure submitted for payment with an incorrect CPT code or description will be denied. It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. If requesting a block to a specific part of the body, coding to the highest level of specificity should be used.

E. Conditions of Coverage

Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by healthcare providers within their scope of practice who are qualified to deliver these health services.

F. Related Policies/Rules

Trigger Point Injections
Epidural Steroid Injections
Facet Joint Injections
Sacroiliac Joint Procedures

G. Review/Revision History

	DATE	ACTION
Date Issued	10/01/2022	
Date Revised		
Date Effective	10/01/2022	
Date Archived	05/31/2023	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

H. References

1. Centers for Disease Control and Prevention. Clinical Guidance for Selected Common Acute Pain Conditions. (2022, January 19). Retrieved March 24, 2022 from www.cdc.gov.
2. Centers for Medicare and Medicaid Services, Local Coverage Determinations L3393 and L35249. (2021, April 19). Retrieved November 30, 2021 from www.cms.gov.
3. Chou R. (2021, June 10). Subacute and chronic low back pain: Nonsurgical interventional treatment. Retrieved November 30, 2021 from www.uptodate.com.
4. Frank FT, Sawsan A. (2022, January 04). Chronic pelvic pain in adult females: Treatment. Retrieved January 10, 2022 from uptodate.com.
5. Garza I. (2021, February 22). Occipital neuralgia. Retrieved November 30, 2021 from www.uptodate.com.
6. Hayes. Genicular Nerve Block for the Management of Knee Pain (2021, July 01). Retrieved January 10, 2022 from www.evidence.hayesinc.com.
7. Hayes. Peripheral Nerve Field Stimulation for Treatment of Chronic Low Back Pain (2021, April 22). Retrieved January 10, 2022 from www.evidence.hayesinc.com.
8. Inan L, Inan N, Unal-Artik H, Atac C, Babaoglu G. (2019, January 6). Greater occipital nerve block in migraine prophylaxis: Narrative review. Retrieved November 30, 2021 from https://www.ncbi.nlm.nih.gov.
9. Jeng C, Rosenblatt M. (2021, October). Overview of peripheral nerve blocks. Retrieved November 30, 2021 from www.uptodate.com.
10. Johns Hopkins Medicine. Nerve Blocks. Retrieved November 30, 2021 from www.hopkinsmedicine.org.
11. MCG Health. Retrieved November 30, 2021 from www.careguidelines.com.
12. Ohio Administrative Code, Medicaid Medical Necessity, 5160-1-01. (2020, March 22). Retrieved November 30, 2021 from www.codes.ohio.gov.
13. Practice Guidelines for Chronic Pain Management: An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine (2010, April). Retrieved on December 31, 2021 from https://pubs.asahq.org.
14. United States Department of Health and Human Services, National Institutes of Health. Chronic Pain: In Depth. (2018, September). Retrieved February 17, 2022 from www.nccih.nih.gov.

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.